EXHIBIT 1

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
BIG STONE GAP DIVISION

WILLIAM THORPE, *et al.*, *Plaintiffs*, v. VIRGINIA DEPARTMENT OF CORRECTIONS, *et al.*, *Defendants*.	Civil Case No. 2:20-cv-00007-JPJ-PMS

DECLARATION OF DR. MICHAEL HENDRICKS

I, Dr. Michael Hendricks, declare the following under penalty of perjury pursuant to 28 U.S.C. § 1746:

1. My name is Michael Hendricks. I am over the age of 21, and I am competent to give this declaration and to testify regarding the matters in this declaration. I have previously submitted an Expert Report in this case, and my education, training, experience and qualifications are set out in detail in that Report.

2. I have reviewed the briefs related to this Motion, including the Safety Agreement and the declarations of Assistant Warden Turner and Dr. Denise Malone.

3. The Safety Agreement being used at Red Onion State Prison is a form of safety contract. The scientific literature that examines the efficacy of safety contracts underlies the long-held consensus in the mental health field that safety contracts are not effective in preventing suicide or self-harm, and that they can often be counterproductive. As a result, informed mental health providers rarely use safety contracts with patients to address the risk of self-harm.

4. When a safety contract includes punitive measures[1], such as threats of consequences or punishment, it directly undermines the relationship between the patient and the mental health provider. It creates a dynamic in the provider-patient relationship wherein the patient may be afraid to disclose thoughts or acts of self-harm and seek treatment, because there is a documented possibility of negative consequences for doing so. As a result, the relationship becomes transactional and this erodes trust between the patient and provider. Positive and effective therapeutic relationships depend on that trust.

5. Dr. Malone's declaration characterizes the Safety Agreement used at Red Onion as a form of safety planning. But safety contracts and safety plans are two different things. Safety planning is a collaborative process between a patient and mental health provider, where they *together* develop a plan the patient can use to seek assistance when experiencing a mental health crisis, including thoughts of suicide or self-harm. Safety plans are incredibly and necessarily individualized based on the patient's and provider's circumstances, strengths, weaknesses, and resources. Safety plans should never include punitive provisions, for the same reasons that Safety Agreements should not. Safety plans also usually do not include incentives to promote compliance. Instead, safety plans rely upon the fully voluntary adherence to the plan.

6. Even though safety contracts are not best practice, if they are used, they should at the least always be entered into voluntarily by the patient. Coerced agreement is not voluntary agreement, and coercing a patient into a safety contract ensures that the contract will not be effective in accomplishing the stated goal. Furthermore, the use of a safety contract with persons who have not previously evidenced any risk of self-harm runs the risk of heightening the likelihood of the very self-harm that the contract is intended to prevent.

[1] Punitive measures in this context include adverse consequences imposed for *not* signing the contract or the loss of privileges or rewards that would be available only if the individual signs the contract.

7. More appropriate interventions when someone is experiencing a mental health crisis include connecting with a trusted therapist or counselor for individual therapy at whatever frequency is required to address the crisis. Specific interventions that may be utilized—depending on the specific needs and receptivity of the person in need of such services—include initiating or facilitating other positive social connections; providing access to resources that might aid with relaxation, a reduction of stress, or mood improvement, such as music, exercise, or time in nature; and a number of behavioral interventions, such as diaphragmatic breathing, progressive muscle relaxation, journaling, and meditation. In some cases, it may also be appropriate to initiate or adjust a medication regimen.

8. In my Expert Report filed in this case, I addressed in depth the adequacy of mental health care provided to people housed in the Step-Down Program at Red Onion. Nothing I have seen in the filings in this case has changed my opinion on that subject, but instead has reinforced it.

I declare under penalty of perjury that the statements in this Declaration are true and correct to the best of my knowledge.

Signed: Dr. Richard Lanchick, PhD, ABPP

Dated: 4/12/2025